

EXHIBIT "B"

| INCIDENT REPORT | | | | INCIDENT NUMBER 016281303509 | | REPORT TYPE: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL | |
|--|--|--|--|---|--|--|--|
| <small>AUTHORITY: 5 USC 301; 10 USC 5031; 44 USC 3103 and EO 9397 PRIVACY ACT STATEMENT PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security office, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken. ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings. DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records. </small> | | | | | | | |
| SECTIONS OR BLOCKS THAT DO NOT APPLY TO A REPORTED OFFENSE SHOULD BE LEFT BLANK | | | | | | | |
| SECTION I: ADMINISTRATIVE | | | | | | | |
| DATE REC'D (YYYYMMDD) 2001/10/24 | | TIME REC'D (24 Hour) 1200 | | INCIDENT RECEIVED: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Radio <input type="checkbox"/> By Alarm <input type="checkbox"/> By Crime Stop Call/911 <input type="checkbox"/> Other: _____ | | | |
| SECTION II: COMPLAINANT (If not Victim/Witness) (Use "Complainant/Witness/Sponsor" Addendum sheet for additional Complainants) | | | | | | | |
| LAST NAME (Include Jr., Sr., II, III, etc.) HALLBERG | | FIRST COLIN | | MIDDLE A. | | SSN/ALIEN REG.# GRADE/RANK GS-06 | |
| BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____ | | | | STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAMILY MEMBER <input checked="" type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN (NO GOV. AFF.) | | | |
| DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.) NAVSTAPH SECDET | | | | | | UIC/RUC 62813 | |
| ADDRESS | | | | | | CITY STATE HI | |
| ADDRESS | | | | | | ZIP CODE | |
| SECTION III: OFFENSE (Use "Offense" Addendum for additional Offenses) | | | | | | | |
| DATE(S) OF INCIDENT: (YYYYMMDD) From: 2001/10/10 To: _____ | | TIME(S) OF INCIDENT: (24 Hour) From: 1645 To: _____ | | OFFENSE STATUS: (Check Only One Per Offense) 1. <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED 2. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 3. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED | | | |
| OFFENSE DATA | | | | | | | |
| STATUTORY BASIS (SEE CODE BELOW) F | | OFFENSE DESCRIPTION 13C-communicating a threat | | | LOCATION/ADDRESS Federal Fire station #111, Bldg 441 Kulekole rd. Waianae HI 96792 | | ON BOARD MILITARY INSTALLATION (YES/NO) YES |
| 2. | | | | | | | |
| 3. | | | | | | | |
| STATUTORY BASIS CODES: (U) UCMJ (F) Federal (S) State (L) Local (X) Foreign | | WEATHER CONDITIONS: (Max 3) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Foggy <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ | | | LIGHTING: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark (Lighted) <input type="checkbox"/> Dusk <input type="checkbox"/> Dark (Not Lighted) <input type="checkbox"/> Dawn <input type="checkbox"/> Unknown | | |
| OFFENDER USED | | TYPE WEAPON/FORCE USED (Max 3) (Enter in box an "A" if fully automatic weapon; "M" if manual; "S" if semi-automatic) | | | | | |
| <input type="checkbox"/> Alcohol | | <input type="checkbox"/> Firearm (Not Listed) | | <input type="checkbox"/> Knife/Cutting Tool | | <input type="checkbox"/> Poison | |
| <input type="checkbox"/> Drugs/Narcotics | | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Explosives | |
| <input type="checkbox"/> Computer Equipment | | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Fire/Incendiary | |
| <input checked="" type="checkbox"/> Not applicable | | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Bodily Force (Hands/Feet) | | <input type="checkbox"/> Narcotic/Drug | |
| | | | | | | <input type="checkbox"/> Asphyxiation | |
| | | | | | | <input type="checkbox"/> Unknown | |
| | | | | | | <input type="checkbox"/> None | |
| | | | | | | <input type="checkbox"/> Other (Specify) _____ | |
| LOCATION OF OFFENSE (Enter 1, 2, or 3 if multiple incidents occurred at different locations) <input type="checkbox"/> U.S. & Possessions <input checked="" type="checkbox"/> Outside U.S. & Possessions | | | | | | | |
| <input type="checkbox"/> Exchange/Dept/Discount Store | | <input type="checkbox"/> Air/Bus/Train Terminal | | <input type="checkbox"/> Rental/Storage Facility | | <input type="checkbox"/> Dining Facility/Restaurant | |
| <input type="checkbox"/> School (Elem, High)/College | | <input type="checkbox"/> Training/Service School | | <input type="checkbox"/> Lake/Waterway/Ocean | | <input type="checkbox"/> Bank/Credit Union | |
| <input type="checkbox"/> NCO Club/Officer Club/Bar | | <input type="checkbox"/> Training Area/Field/Woods | | <input type="checkbox"/> Construction Site | | <input type="checkbox"/> Service/Gas Station | |
| <input checked="" type="checkbox"/> Government/Public Building | | <input type="checkbox"/> Highway/Road/Alley/Sidewalk | | <input type="checkbox"/> Hospital/Clinic | | <input type="checkbox"/> On Board Ship | |
| <input type="checkbox"/> BOQ/CBQ/Lodge/Hotel | | <input type="checkbox"/> Commissary/Grocery Store | | <input type="checkbox"/> Child Care Facility | | <input type="checkbox"/> On Board Aircraft | |
| <input type="checkbox"/> Package/Liquor Store | | <input type="checkbox"/> Chapel/Church/Synagogue | | <input type="checkbox"/> Specialty Store/Concessionaire | | <input type="checkbox"/> Other (Specify) _____ | |
| <input type="checkbox"/> Shoppette/Convenience Store | | <input type="checkbox"/> Commercial/Office Building | | <input type="checkbox"/> Quarters/Barracks/Residence/Berthing | | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Corrections Facility/Jail/Prison | | <input type="checkbox"/> Recreation Area/Park | | <input type="checkbox"/> Motor Pool/Parking Lot/Garage | | | |
| TYPE OF CRIMINAL ACTIVITY (If larceny, forgery, pornography, gambling, drugs or weapons violation) (Max 3) | | | | | | | |
| <input type="checkbox"/> Buying/Receiving | | <input type="checkbox"/> Operating/Promoting/Assisting | | <input type="checkbox"/> Destruction/Vandalism | | | |
| <input type="checkbox"/> Cultivating/Manufacturing/Publishing | | <input type="checkbox"/> Possessing/Concealing | | <input type="checkbox"/> Harassment/Stalking | | | |
| <input type="checkbox"/> Distributing/Selling | | <input type="checkbox"/> Transporting/Transmitting/Importing | | <input type="checkbox"/> Other (specify) _____ | | | |
| <input type="checkbox"/> Exploiting Children | | <input type="checkbox"/> Using/Consuming | | | | | |

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EXHIBIT B

SN: 0107-LF-114-9600

ENCLOSURE (6-1)

INCIDENT NUMBER 016281303509

| SECTION III. OFFENSE (Cont.) | | | | VEHICLE DESCRIPTION | | | | BURGLARY/B & E ONLY: <input type="checkbox"/> Force <input type="checkbox"/> No Force <input type="checkbox"/> # of Premises Entered | | | | | |
|---|----------------------|---|--|---|-------------|--|--------------|---|---|-----------------------|--------------------|-----------------------------------|---------------------------------|
| VEHICLE STATUS <input type="checkbox"/> Suspect <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Target YEAR MAKE MODEL | | VEHICLE TYPE <input type="checkbox"/> Sedan (2DR) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Sedan (4DR) <input type="checkbox"/> RV/Camper <input type="checkbox"/> Boat <input type="checkbox"/> Pickup <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other: _____ | | METHOD OF ENTRY (Max 3) <input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Remain On Premise <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Tunneled <input type="checkbox"/> Door Open/Unlocked <input type="checkbox"/> Screen Cut <input type="checkbox"/> Door Pried <input type="checkbox"/> Screen Pried <input type="checkbox"/> Door Other <input type="checkbox"/> Screen Removed <input type="checkbox"/> Delivery <input type="checkbox"/> Screen Other <input type="checkbox"/> Garage <input type="checkbox"/> Window Broken <input type="checkbox"/> Bodily Force <input type="checkbox"/> Window Cut <input type="checkbox"/> Sliding Door <input type="checkbox"/> Window Open/Unlock <input type="checkbox"/> Door Type Other <input type="checkbox"/> Window Pried Open <input type="checkbox"/> Lock Cut/Removed <input type="checkbox"/> Window Removed <input type="checkbox"/> Lock Forced/Broken <input type="checkbox"/> Window Other <input type="checkbox"/> Lock Forced (Hasp) <input type="checkbox"/> Cut Hole in Wall <input type="checkbox"/> Lock Pried <input type="checkbox"/> Unknown <input type="checkbox"/> Lock Other <input type="checkbox"/> Other: _____ | | | | CONDITION OF PREMISE (Max 1) <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant (Temp. Unocc.) <input type="checkbox"/> Vacant TOOLS USED (Max 3) <input type="checkbox"/> Bar/Pipe <input type="checkbox"/> Pry Tool <input type="checkbox"/> Bodily Force <input type="checkbox"/> Saw/Drill <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Wire <input type="checkbox"/> Chopping Tool <input type="checkbox"/> Screwdriver <input type="checkbox"/> Explosive <input type="checkbox"/> Missile <input type="checkbox"/> Gripping Tool <input type="checkbox"/> Unknown <input type="checkbox"/> Hammer <input type="checkbox"/> Other: _____ | | | | | |
| COLOR LICENSE PLATE # STATE | | VIN | | OWNER NAME | | | | OTHER IDENTIFYING MARKS | | | | | |
| BIAS MOTIVATION (X) (All Hate/Bias Motivated Offenses Must be Reported to NCIS) | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-American Indian | | <input type="checkbox"/> Anti-Alaskan Native <input type="checkbox"/> Anti-Asian <input type="checkbox"/> Anti-Pacific Islander <input type="checkbox"/> Anti-Other Ethnicity/Origin <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish | | <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Islamic (Moslem) <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Multi-Religious Group <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Atheism | | <input type="checkbox"/> Anti-Agnostic <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual | | | | | | | |
| SECTION IV. PROPERTY (Use "Property" Addendum sheet for additional Property) | | | | | | | | | | | | | |
| CODE (a) | TYPE (b) | QTY | DESCRIPTION | MAKE/MODEL | SIZE | SERIAL # | COLOR | VALUE | S/U (c) | OWNER (d) | DISP (e) | # VEH. RECOVERED | DATE RECOVERED |
| a. PROPERTY DESCRIPTION CODE | | | | | | | | | | | | | |
| 01 - Aircraft 12 - Farm Equipment 23 - Office-Type Equipment 34 - Structures - Storage 02 - Alcohol 13 - Firearms 24 - Other Motor Vehicles 35 - Structures - Other 03 - Automobile 14 - Gambling Equipment 25 - Purse/Handbag/Wallet 36 - Tools - Power/Hand 04 - Bicycle 15 - Heavy Construction Equip. 26 - Radio/TV/VCR 37 - Trucks 05 - Bus 16 - Household Goods 27 - Recording - Audio/Visual 38 - Vehicle Parts/Accessories 06 - Clothes/Furs 17 - Jewelry/Precious Metals 28 - Recreational Vehicle 39 - Watercraft 07 - Computer Hard/Software 18 - Livestock 29 - Structures - Single Occupancy 77 - Other (Specify in Narrative Section) 08 - Consumable Goods 19 - Merchandise 30 - Structures - Other Dwellings 88 - Pending Inventory 09 - Credit/Debit Cards 20 - Money 31 - Structures - Commercial/Bus. 99 - Special Category 10 - Drugs/Narcotics 21 - Negotiable Instruments 32 - Structures - Industrial/Manuf. 11 - Drug/Narcotic Equipment 22 - Nonnegotiable Instruments 33 - Structures - Public/Community | | | | | | | | | | | | | |
| b. TYPE PROPERTY LOSS/ETC. CODE | | | | c. S/U CODE | | d. OWNERSHIP CODE | | e. DISPOSITION OF PROPERTY CODE | | | | | |
| (1) None (4) Damaged/Destroyed (7) Stolen (2) Burned (5) Recovered (8) Unknown (3) Counterfeited/Forged (6) Seized/Impounded (9) Lost & Found | | | | (S) SECURE (U) UNSECURE | | (A) Federal Gov. (D) County Gov. (B) State Gov. (E) Foreign Gov. (C) City Gov. (F) Private/Personal | | (E) Evidence (R) Return to Owner (S) Safekeeping (O) Other | | | | | |
| SUSPECTED DRUG INVOLVEMENT | | | f. DRUG TYPE | | | | | | g. TYPE DRUG MEASUREMENT | | | | |
| DRUG TYPE (f) | EST. QUANTITY | MEASUREMENT (g) | (A) "Crack" Cocaine (G) Opium (M) Other Stimulants (B) Cocaine (H) Other Narcotics (N) Barbiturates (C) Hashish (I) LSD (O) Other Depressants (D) Heroin (J) PCP (P) Other Drugs (E) Marijuana (K) Other Hallucinogens (U) Unknown Drug (F) Morphine (L) Amphetamines (X) Over 3 Drug Types | | | | | | WEIGHT CAPACITY (GM) Gram (MT) Metric (KG) Kilogram (LT) Liter (OZ) Ounce (FO) Fluid Ounce (LB) Pound (GL) Gallon UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants | | | | |
| SECTION V. VICTIM (Use "Victim" Addendum sheet if more than one Victim) | | | | | | | | | | | | | |
| VICTIM # | | | | DD2701 ISSUED | | | | VICTIM RELATED TO OFFENSE # | | | | | |
| 1 | | | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | 01 02 03 04 05 06 07 08 09 10 | | | | | |
| | | | | | | | | VICTIM RELATED TO SUSPECT # | | | | | |
| | | | | | | | | 01 02 03 04 05 06 07 08 09 10 | | | | | |
| LAST NAME (Include Jr., Sr., II, III, etc.) | | FIRST | | MIDDLE | | SSN/ALIEN REG.# | | GRADE/RANK | | | | | |
| KAOPUA | | MILTON | | K. | | 575-50-0532 | | GS-07 | | | | | |
| BRANCH OF SERVICE: | | | | STATUS: | | | | | | | | | |
| <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____ | | | | <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAMILY MEMBER <input checked="" type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN (NO GOV. AFF.) | | | | | | | | | |
| DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.) | | | | | | | | UIC/RUC | | WORK TELEPHONE | | | |
| Federal Fire Department | | | | | | | | 62813 | | 668-3420 | | | |
| ADDRESS | | | | | | CITY | | STATE | | ZIP CODE | | | |
| -710 Kili dr. #1313 | | | | | | Waianae | | Hi | | 96792 | | | |
| DOB | | SEX | | RACE | | ETHNICITY | | RESIDENT STATUS | | | | | |
| 1947/04/24 | | X Male | | White | | X Asian | | Hispanic | | X Resident | | | |
| POB | | Female | | Black | | Unknown | | Non-Hispanic | | Nonresident | | | |
| Hawaii | | Unknown | | American Indian | | | | Unknown | | Unknown | | | |

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S/N: 0107-LF-114-9600

ENCLOSURE (6-2)

INCIDENT NUMBER 016281303509

SECTION V. VICTIM (Cont.)

| TYPE OF VICTIM | | AGGRAVATED ASSAULT CIRCUMSTANCES (Max 2) | | INJURY TYPE (Max 5) | |
|-----------------------|-----------------|--|-----------------------|--|-----------------|
| Individual | Religious Org'n | Argument | Assault on LE Officer | <input checked="" type="checkbox"/> None | Minor Injury |
| Business | Society/Public | Drug Dealing | Other Felony Involved | <input type="checkbox"/> Broken Bones | Major Injury |
| Financial Institution | Other | Gangland | Other Circumstances | <input type="checkbox"/> Poss. Int. Injuries | Loss of Teeth |
| Government | Unknown | Juvenile Gang | Unknown | <input type="checkbox"/> Severe Laceration | Unconsciousness |
| Law Enforcement | | Lovers' Quarrel/Domestic | | | |

RELATIONSHIP OF VICTIM TO SUSPECT (For multiple suspect's relationships, enter suspect's number in block)

| | | | | |
|----------------|-------------|--------------|------------------------------|----------------------|
| Spouse | Grandparent | Stepsibling | Babysitter (Baby) | Employee |
| Com-Law Spouse | Grandchild | Other Family | Boy/Girl Friend (B/G Friend) | Employer |
| Parent | In-Law | Acquaintance | Child of B/G Friend | Otherwise Known |
| Sibling | Stepparent | Friend | Homosexual Relationship | Relationship Unknown |
| Child | Stepchild | Neighbor | Ex-Spouse | Stranger |

SECTION VI. WITNESS/SPONSOR

(Use "Complainant/Witness/Sponsor" Addendum sheet if more than one Witness/Sponsor)

TYPE/SEQUENCE #

☐ WITNESS # ☐ SPONSOR #

DD2701 ISSUED

☐ YES ☐ NO

LAST NAME (Include Jr., Sr., II, III, etc.)

FIRST

MIDDLE

SSN/ALIEN REG.#

GRADE/RANK

BRANCH OF SERVICE:

☐ ARMY ☐ NAVY ☐ AIR FORCE

STATUS:

☐ REG. (ACTIVE) ☐ RESERVE ☐ RETIRED ☐ NATIONAL GUARD☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER: _____☐ FAMILY MEMBER ☐ CIVILIAN EMPLOYEE ☐ CIVILIAN (NO GOV. AFF.)

DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.)

UIC/RUC

WORK TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

SECTION VII. SUSPECT/ARRESTEE

(Use "Suspect/Arrestee" Addendum sheet if more than one Suspect/Arrestee)

TYPE/SEQUENCE #

☒ SUSPECT # 1☐ ARRESTEE #

SUSPECT/ARRESTEE RELATED TO OFFENSE #

0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

INVOLVEMENT ☒ PRINCIPAL☐ ACCESSORY☐ CONSPIRATOR ☐ SOLICITOR

NAME (Include Jr., Sr., II, III, etc.)

FIRST

MIDDLE

SSN/ALIEN REG.#

GRADE/RANK

ABAD

ROBERT

F.

CIV.

ANCH OF SERVICE:

☐ ARMY ☐ NAVY ☐ AIR FORCE

STATUS:

☐ REG. (ACTIVE) ☐ RESERVE ☐ RETIRED ☐ NATIONAL GUARD☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER: _____☐ FAMILY MEMBER ☒ CIVILIAN EMPLOYEE ☐ CIVILIAN (NO GOV. AFF.)

DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.)

Federal Fire Dept. Station #111, Bldg 441 Kolekole rd. Waianae Hi

UIC/RUC 962823

WORK TELEPHONE 668-3420

ADDRESS

CITY

STATE

ZIP CODE

HAIR COLOR

brn

EYE COLOR

BRN

HEIGHT

5' 9"

WEIGHT

150

DOB

POB

Hawaii

ALIAS (AKA)

SEX

☒ Male☐ Female☐ Unknown

RACE

White

Black

American Indian

☒ Asian☐ Unknown

ETHNICITY

Hispanic

☒ Non-Hispanic

Unknown

RESIDENT STATUS

☒ Resident☐ Nonresident☐ Unknown

DESCRIPTION

| HAIR (Max 2) | HAIR STYLE (Max 2) | FACIAL HAIR (Max 3) | COMPLEXION (Max 2) | APPEARANCE (Max 3) | IDENTIFYING MARKS (Max 3) | DESCRIPTION | | |
|-----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | DRESS (Max 3) | SPEECH (Max 2) | DEMEANOR (Max 2) |
| <input type="checkbox"/> Bald | <input type="checkbox"/> Afro | <input type="checkbox"/> Clean | <input type="checkbox"/> Light | <input type="checkbox"/> Dirty | <input type="checkbox"/> Tattoo | | | |
| <input type="checkbox"/> Receding | <input type="checkbox"/> Braided | <input type="checkbox"/> Medium | <input type="checkbox"/> Medium | <input type="checkbox"/> Disguised | <input type="checkbox"/> Scar | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Short | <input type="checkbox"/> Bushy | <input type="checkbox"/> Mustache | <input type="checkbox"/> Dark | <input type="checkbox"/> Flashy | <input type="checkbox"/> Mark | <input type="checkbox"/> Gang Attire | <input type="checkbox"/> Accent | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Collar | <input type="checkbox"/> Crewcut | <input type="checkbox"/> Goatee | <input type="checkbox"/> Freckled | <input type="checkbox"/> Military | LOCATION (Max 3) | <input type="checkbox"/> Camouflage | <input type="checkbox"/> Lisp | <input type="checkbox"/> Apologetic |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Greasy | <input type="checkbox"/> Lower Lip | <input type="checkbox"/> Tanned | <input type="checkbox"/> Unkempt | <input type="checkbox"/> Eye (Left/Right) | <input type="checkbox"/> Swimwear | <input type="checkbox"/> Loud | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Long | <input type="checkbox"/> Recruit | <input type="checkbox"/> Beard | <input type="checkbox"/> Acne | <input type="checkbox"/> Odorous | <input type="checkbox"/> Face | <input type="checkbox"/> Western Attire | <input type="checkbox"/> Mumbles | <input type="checkbox"/> Disordered |
| <input type="checkbox"/> Coarse | <input type="checkbox"/> Ponytail | <input type="checkbox"/> Sideburns | <input type="checkbox"/> Pocked | <input type="checkbox"/> Neat | <input type="checkbox"/> Scalp | <input type="checkbox"/> Ragged Attire | <input type="checkbox"/> Quiet | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Fine | <input type="checkbox"/> Processed | <input type="checkbox"/> Shaven | <input type="checkbox"/> Ruddy | <input type="checkbox"/> Cap/Hat | <input type="checkbox"/> Teeth | <input type="checkbox"/> Athletic Attire | <input type="checkbox"/> Rapid | <input type="checkbox"/> Nervous |
| <input type="checkbox"/> Thick | <input type="checkbox"/> Straight | <input type="checkbox"/> Other: | <input type="checkbox"/> Clear | <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Hand (Left/Right) | <input type="checkbox"/> Business Attire | <input type="checkbox"/> Slow | <input type="checkbox"/> Polite |
| <input type="checkbox"/> Thinning | <input type="checkbox"/> Curly | | <input type="checkbox"/> Other: | <input type="checkbox"/> Glasses | <input type="checkbox"/> Foot (Left/Right) | <input type="checkbox"/> Navy Uniform | <input type="checkbox"/> Stutters | <input type="checkbox"/> Competent |
| <input type="checkbox"/> Wiry | <input type="checkbox"/> Wig | | | <input type="checkbox"/> Mask | <input type="checkbox"/> Leg (Left/Right) | <input type="checkbox"/> AF Uniform | <input type="checkbox"/> Other: | <input type="checkbox"/> Stupor |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Part LR | BUILD (Max 1) | | <input type="checkbox"/> Other: | <input type="checkbox"/> Arm (Left/Right) | <input type="checkbox"/> Army Uniform | | <input type="checkbox"/> Violent |
| | <input type="checkbox"/> Dreadlocks | <input type="checkbox"/> Unknown | | | <input type="checkbox"/> Hip (Left/Right) | <input type="checkbox"/> Marine Uniform | HANDS (Max 1) | <input type="checkbox"/> Obscene |
| | <input type="checkbox"/> Cornrow | <input type="checkbox"/> Thin | | | <input type="checkbox"/> Stomach | <input type="checkbox"/> CG Uniform | <input type="checkbox"/> Unknown | <input type="checkbox"/> Talkative |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> Medium | | | <input type="checkbox"/> Chest | <input type="checkbox"/> Police Uniform | <input type="checkbox"/> Right Handed | <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Heavy | | | <input type="checkbox"/> Back | <input type="checkbox"/> No Attire (Naked) | <input type="checkbox"/> Left Handed | |
| | | <input type="checkbox"/> Muscular | | | <input type="checkbox"/> Neck | <input type="checkbox"/> Casual Attire | <input type="checkbox"/> Ambidextrous | |
| | | | | | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Other: | | |
| | | | | | <input type="checkbox"/> Other: | | | |

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SN: 0107-LF-114-9600

ENCLOSURE (1-2)

INCIDENT NUMBER 016281303509

SECTION VII. SUSPECT/ARRESTEE (Cont.)

| | | | | | |
|----------------|---|---|---------------------------------------|--|--|
| ARRESTEE ONLY | TYPE OF ARREST | MULTIPLE CLEARANCE | ARRESTEE WAS ARMED WITH (X up to Two) | | DISPOSITION OF JUVENILE |
| | <input type="checkbox"/> On View | <input type="checkbox"/> Multiple | <input type="checkbox"/> Unarmed | <input type="checkbox"/> Lethal Cutting Instrument | <input type="checkbox"/> Handled Within Department |
| | <input type="checkbox"/> Summons/Cited | <input type="checkbox"/> Count Arrestee | <input type="checkbox"/> Handgun | <input type="checkbox"/> Club/Blackjack/Brass Knuckles | <input type="checkbox"/> Referred to Other Authority |
| | <input type="checkbox"/> Taken Into Custody | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Rifle | <input type="checkbox"/> Other (specify) | |
| DATE ARRESTED: | | | <input type="checkbox"/> Shotgun | | |

SECTION VIII ADDITIONAL POLICE OFFICERS (Use Narrative Section for additional Police Officers) (Other than Reporting Official)

| | | | | | |
|------------|-----------------------|---------|------------|-----------------------|---------|
| 1. LAST | FIRST | MI | 2. LAST | FIRST | MI |
| GRADE/RANK | DUTY STATION/EMPLOYER | BADGE # | GRADE/RANK | DUTY STATION/EMPLOYER | BADGE # |

SECTION IX NARRATIVE (WHO, WHAT, WHEN, WHERE, WHY, HOW) (Use "Narrative" Addendum sheet if more space is required.)

SYNOPSIS: On 10-10-01 at 1645 Federal Fire Capt ABAD Robert threatened to shoot Federal Fire Capt. KAOPUA Milton over a property dispute.

ASSIGNMENT/ARRIVAL: On 10-10-01 at 1640 I was dispatched to the Federal Fire station #111, Lualualei, to investigate a damage to personal property complaint. I arrived at 1643 and assumed the case.

STATEMENT OF CAPT. ABAD Robert: On my arrival Capt. ABAD said he wanted to file a breaking and entering complaint. He said he had placed a padlock and hasp on his personal ice machine located in the Fire Dept. and someone had cut the lock and bent the hasp. Investigation found that the ice machine was not personal property but was still Government property that had been given to the Fire Dept. to use and was to be used by all authorized government employees and therefore should not have been locked in the first place. Capt. ABAD then accused Fire Capt. KAOPUA Milton of cutting the lock. When asked if he had seen Capt KAOPUA cut the lock he said no but he was sure it was him. I told him I could take a complaint of the cutting of the lock as that was his personal property. Capt. ABAD then told me he was tired of Capt. KAOPUA that KAOPUA thinks he owns this place. Capt. ABAD then said "I guess I'll just have to shoot him" I told him that was not a smart thing to say to a

ENCLOSURE(S) (List additional "Enclosures" in the Narrative Section)

| ENCL # | DESCRIPTION (List all Attached Supporting Documents i.e., Statements, Photographs, Sketches, etc.) |
|--------|--|
| | |
| | |
| | |

SECTION X. REPORTING/APPROVING OFFICIALS

| | | | |
|--|------------|--|------------|
| REPORTING OFFICIAL (NAME, RANK, TITLE & SIGNATURE) | DATE | APPROVING OFFICIAL (NAME, RANK, TITLE & SIGNATURE) | DATE |
| GS06 COLIN A HALLBERG, POLICE OFFICER | 2001/10/24 | GS-09 ROBERT J OKUMURA, WATCH COMMANDER | 2001/10/24 |

SECTION XI. ADMINISTRATIVE DISPOSITION (ADMIN USE ONLY)

| | | | |
|---|--|--|---|
| VICTIM/WITNESS NOTIFICATION: (DD Form 2701 provided) | INCIDENT STATUS: | CLEARED EXCEPTIONALLY: | DATE CLEARED: |
| <input type="checkbox"/> 0 # VICTIMS NOTIFIED | <input type="checkbox"/> UNFOUNDED | <input type="checkbox"/> DEATH OF OFFENDER | <input type="checkbox"/> REFUSED TO COOPERATE |
| <input type="checkbox"/> 0 # WITNESSES NOTIFIED | <input type="checkbox"/> CLEARED BY APPREHENSION | <input type="checkbox"/> PROSECUTION DECLINED | <input type="checkbox"/> JUVENILE NO CUSTODY |
| | <input type="checkbox"/> CLEARED EXCEPTIONALLY | <input type="checkbox"/> EXTRADITION DECLINED | <input type="checkbox"/> NOT APPLICABLE |
| REFERRED TO/ASSUMED BY: | DISTRIBUTION | | |
| CIS Case #: | <input type="checkbox"/> COMMANDING OFFICER | <input type="checkbox"/> MEDICAL/MENTAL HEALTH | |
| INVESTIGATIONS Case #: | <input type="checkbox"/> LEGAL OFFICER/SJA | <input type="checkbox"/> DRUG & ALCOHOL (DAPA) | |
| LOCAL POLICE Case #: | <input type="checkbox"/> FAMILY ADVOCACY | <input type="checkbox"/> OTHER: | |
| OTHER (Specify) | <input type="checkbox"/> EQUAL OPPORTUNITY | | |

INCIDENT REPORT ADDENDUM -
NARRATIVE SECTION

INCIDENT NUMBER

016281303509

REPORT TYPE:

☒ INITIAL
☐ SUPPLEMENTAL

This form is used with OPNAV 5527/1, "Incident Report" to record additional Narrative information.

police officer. Capt. ABAD then said. "That's what it is coming to". I said that I would have to make a note of this conversation. At approximately 1830 Capt. ABAD called security to cancel his complaint.

OFFICER ACTIONS: Due to scheduling I was not able to contact Capt. KAOPUA until 10-13-01. I advised Capt. KAOPUA of the conversation I had with Capt. ABAD. Capt. KAOPUA said he was going to contact District Chief DELORA and discuss the situation with him. Capt. KAOPUA contacted Dist. Chief DELORA on 10-17-01 and told him what had been said and if he needed further information to contact Lualualei Security. On 10-24-01 I was contacted by Capt. KAOPUA, he said he had not received any further contact from Chief DELORA and now wanted to file a formal complaint. On 10-24-01 at 1545 I contacted Agent SPENCER, NCIS, and relayed the above events. Agent SPENCER advised that NCIS would assume the case.

NOTIFICATION: CDO TMC MENCINAS via UT1 LEIDNER at 1225.
MAJOR ROBERTS notified 1215

DISPOSITION: Accepted by NCIS.

RETURN TO WORK OR SCHOOL

HERMINIO D. MERCADO, M.D.

85-979-D Farrington Highway
Waianae, HI 96792

Telephone: (808) 696-0062

Date

11/23/2001

This is to certify that

Milton Kaopua

has been under my care for the following:

Stress - Anxiety Reaction
+ Depression 10/27 to
11/23/2001

Undetermined ->
and is able to return to work on
school on

Remarks:

Visits 11/3, 10, 19 +
23. Referred to a
Psychiatrist for
treatment + evaluation

H. Mercado MD

(SIGNATURE)

#13107 — Medical Arts Press 1-800-328-2179

ENCLOSURE (7)